

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: 6		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST RONALD	MI C.	Date Received Date Hand-delivered by Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged			
	NICKNAME	LAST GREEN	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> Runoff				
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
		10	26	2003	THROUGH	11	26

6 EXPLANATION OF CORRECTION

Addresses for Luan Pham, Doris Hubbard, David Green, Brian Pendleton, Larry Green, Archer Nathan and Kandyc Mayberry were inadvertently omitted from the initial report. Also, the address and purpose of a reimbursement to Borris Miles was inadvertently omitted from the report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Ronald C. Green this the 13 day of February

20 06, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Mathew A. Zeis
Printed name of officer administering oath

Notary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 01010101	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ronald		OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX Green		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway, Suite 110 Houston, TX 77063		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Harry		Date Processed
	NICKNAME LAST SUFFIX Johnson Sr.		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6524 San Felipe, PMB 517 Houston, TX 77057		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 978-7701		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/26/2003 11/26/2003		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 12/06/2003		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Houston City Council, Pos 4
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME** Green, Ronald**16 ACCOUNT #** (Ethics Commission filers)
01010101**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****18 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 53,550.00

**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 38,970.47

**CONTRIBUTION
BALANCE**5. **TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 0.00

**OUTSTANDING
LOAN TOTALS**6. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald C. Green, this the 13 day of February, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/3 Report: 3/5**2** FILER NAME Green, Ronald**3** ACCOUNT # (Ethics Commission filers)
01010101**4** Date

11/04/2003**5** Payee name
Green, David**6** Payee address; City; State; Zip Code
3911 Knotty Oaks
Houston, TX 77045**7** Amount
(\$)

\$50.00**8** Purpose of payment (See instructions regarding type of
information required.)
Contract Labor**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Green, David

11/21/2003

Payee address; City; State; Zip Code
3911 Knotty Oaks
Houston, TX 77045Amount
(\$)

\$100.00Purpose of payment (See instructions regarding type of
information required.)
Contract Labor** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Green, Larry

11/12/2003

Payee address; City; State; Zip Code
3401 Louisiana, Ste. 155
Houston, TX 77002Amount
(\$)

\$600.00Purpose of payment (See instructions regarding type of
information required.)
Expense reimbursement for Election Night Party food** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Hubbard, Doris

11/03/2003

Payee address; City; State; Zip Code
1925 Dewalt
Houston, TX 77088Amount
(\$)

\$500.00Purpose of payment (See instructions regarding type of
information required.)
Contract Labor** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/3 Report: 4/5

2 FILER NAME Green, Ronald**3** ACCOUNT # (Ethics Commission filers)
01010101**4** Date

11/03/2003

5 Payee name

Hubbard, Doris

6 Payee address;

City; State; Zip Code

1925 Dewalt
Houston, TX 77088**7**

Amount

(\$)

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)

Contract Labor

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

Date

11/19/2003

Payee name

Hubbard, Doris

Payee address;

City; State; Zip Code

1925 Dewalt
Houston, TX 77088

Amount

(\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

Date

11/24/2003

Payee name

Mayberry, Kandyce

Payee address;

City; State; Zip Code

3839 N. MacGregor
Houston, TX 77004

Amount

(\$)

\$575.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

Date

11/26/2003

Payee name

Miles, Boris

Payee address;

City; State; Zip Code

5302 Almeda
Houston, TX 77004

Amount

(\$)

\$2,500.00

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Rent

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/3 Report: 5/5

2 FILER NAME Green, Ronald**3** ACCOUNT #

(Ethics Commission filers)

01010101

4 Date**5** Payee name
Nathan, Archer**7** Amount
(\$)

11/08/2003

6 Payee address; City; State; Zip Code
101 West 6th St, Ste. 704
Austin, TX 78701

\$2,000.00

8 Purpose of payment (See instructions regarding type of
information required.)
Design for mail pieces**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Pendleton, BrianAmount
(\$)

11/11/2003

Payee address; City; State; Zip Code
1300 Crossing Place
Apt. 231
Austin, TX 78741

\$65.00

Purpose of payment (See instructions regarding type of
information required.)
Travel Expenses reimbursement** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Pham, LuanAmount
(\$)

11/03/2003

Payee address; City; State; Zip Code
PO Box 460215
Houston, TX 77056

\$90.00

Purpose of payment (See instructions regarding type of
information required.)
Copy Toner** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held: